2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P99000091286

Entity Name: SPECIAL OP'S SHOP, INC.

Current Principal Place of Business:

11715 US HWY 15
PORT RICHEY, FL 34668

New Principal Place of Business:

11715 US HWY 19
PORT RICHEY, FL 34668

Current Mailing Address:

11715 US HWY 15
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3616298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIORANELLI, THOMAS J
8635 NEW YORK AVE.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FIORANELLI, THOMAS J
Address: 8635 NEW YORK AVE
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete
Name: FIORANELLI, JAMES
Address: 18630 AKINS DR.
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T FIORANELLI P 03/19/2009

Electronic Signature of Signing Officer or Director — Date